[117H8130]

	(Original Signature of Member)
118TH CONGRESS 1ST SESSION	H.R.

To direct the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services to conduct an annual study on health care competition and consolidation at the State level.

## IN THE HOUSE OF REPRESENTATIVES

Mrs. Spartz introduced the following bill; which was referred to the Committee on \_\_\_\_\_

## A BILL

To direct the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services to conduct an annual study on health care competition and consolidation at the State level.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Measuring State
- 5 Healthcare Freedom Act".

1	SEC. 2. ANNUAL STUDY ON HEALTH CARE COMPETITION
2	AND CONSOLIDATION AT STATE LEVEL.
3	(a) In General.—Over each of the 10 years fol-
4	lowing the date of enactment of this Act, the Assistant
5	Secretary for Planning and Evaluation of the Department
6	of Health and Human Services (in this section referred
7	to as the "Assistant Secretary") shall conduct a study on
8	health care competition and consolidation at the State
9	level.
10	(b) Consultation.—In conducting the study under
11	this section, the Assistant Secretary shall consult with the
12	Chair of the Federal Trade Commission and the Assistant
13	Attorney General in charge of the Antitrust Division of
14	the Department of Justice.
15	(c) Obtaining Data.—The Assistant Secretary may
16	secure from the Federal Trade Commission information
17	necessary to enable the Assistant Secretary to carry out
18	subsection (d)(2). Upon request of the Assistant Sec-
19	retary, the Chair of the Federal Trade Commission shall
20	furnish that information to the Assistant Secretary.
21	(d) Metrics.—The study under this section shall in-
22	clude data collection on each of the following:
23	(1) Licensing requirements for doctors, nurses,
24	and other health care practitioners, including re-
25	quirements with respect to—
26	(A) initial licensure;

1	(B) ongoing maintenance of licensure;
2	(C) specific training and postgraduate and
3	continuing medical education;
4	(D) residency supervisory requirements;
5	and
6	(E) board certification.
7	(2) Mergers and acquisitions (both vertical and
8	horizontal), involving—
9	(A) hospitals;
10	(B) ambulatory or outpatient practices;
11	(C) ambulatory surgical centers;
12	(D) health insurance providers;
13	(E) habilitative service providers (such as
14	providers of physical therapy or occupational
15	therapy); and
16	(F) telehealth.
17	(3) The number of—
18	(A) State laws establishing a legal mecha-
19	nism by which a State approves mergers be-
20	tween or among two or more hospitals (com-
21	monly referred to as "certificates of public ad-
22	vantage"); and
23	(B) State laws establishing a legal mecha-
24	nism for regulating the growth of construction

1	of new health care facilities (commonly referred
2	to as "certificates of need").
3	(4) The availability of alternative forms of
4	health insurance coverage, including—
5	(A) short-term limited duration insurance
6	(as defined for purposes of section 2791(b)(5)
7	of the Public Health Service Act (42 U.S.C.
8	300gg-91(b)(5); and
9	(B) association health plans (including
10	plans offered through the American Farm Bu-
11	reau Federation).
12	(5) The number of each of the following in op-
13	eration at the start and the end of each year covered
14	by the 10-year study period:
15	(A) Hospitals.
16	(B) Medical practices.
17	(C) Ambulatory or outpatient practices.
18	(D) Ambulatory surgical centers.
19	(E) Health insurance providers.
20	(F) Habilitative service providers.
21	(6) The Herfindahl–Hirschman Index, within
22	geographic areas defined by the Assistant Secretary
23	in consultation with the Bureau of Competition of
24	the Federal Trade Commission, for the following
25	health care services:

1	(A) General acute care hospital services.
2	(B) Ambulatory or outpatient medical
3	services, disaggregated by medical specialty.
4	(C) Habilitative services.
5	(e) Annual Reports.—
6	(1) IN GENERAL.—Not later than the end of
7	each of the 10 years referred to in subsection (a)
8	the Assistant Secretary shall submit to the Com-
9	mittee on Energy and Commerce and the Committee
10	on Ways and Means of the House of Representatives
11	and the Committee on Finance and the Committee
12	on Health, Education, Labor, and Pensions of the
13	Senate a report on the status and results of the
14	study under this section.
15	(2) Publication; publicly accessible
16	DATASETS.—Not later than the end of each of the
17	10 years referred to in subsection (a), the Assistant
18	Secretary shall—
19	(A) publish on the website of the Office of
20	the Assistant Secretary the report submitted
21	under paragraph (1) for the respective year
22	and
23	(B) make the data collected through the
24	study under this section available to the public

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- 1 on such website in a manner that is publicly ac-
- 2 cessible and interactive.